MAXIMUS Federal Services

Case Number:	CM14-0007585		
Date Assigned:	03/03/2014	Date of Injury:	06/27/2012
Decision Date:	06/30/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/21/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in physical medicine and rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 61-year-old male with date of injury, 06/27/2012. Per treating physician's report, 11/22/2013, the patient presents with right upper extremity, back, left foot pain with unchanged condition; pain in the shoulder when raising his arm above his shoulder; constant pain and soreness in the right wrist, made worse with movement; constant low back pain, worse with standing for too long. Patient has been treated with medication, activity modification, physical therapy, and surgery. Physical examination showed limited right shoulder range of motion. Diagnostic impressions of: 1. Chronic low back pain. 2. Right wrist ORIF, 07/19/2012. Under treatment discussion, the treater indicates that therapy was previously ordered and that patient would benefit from additional therapy. However, this was denied and he is now recommending "work hardening program", and once this is complete, he anticipated making the patient permanent and stationary. The request was denied by utilization review letter, 12/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

WORK HARDENING PROGRAM FOR THE LUMBAR SPINE AND THE RIGHT WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN- WORK CONDITIONING 125

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES 125

Decision rationale: This patient presents with chronic low back, right wrist pain with prior history of fracture and open reduction internal fixation from 2012 of the wrist. The current request was for work hardening program, and there is no duration or number of sessions with the request. California Medical Treatment Utilization Schedule (MTUS_ Guidelines provide discussion regarding work hardening program on page 125. For criteria, it states, "Functional Capacity Evaluation may be required showing consistent results with maximum effort", and "not likely to benefit from continued physical and occupational therapy or general conditioning", that the patient would be able to participate for a minimum of 4 hours a day for 3 to 5 days a week. Furthermore, there has to be documented specific job to return to with the job demands that exceed abilities or documented on the job training. In this case, there is no documentation that the patient is able to handle minimum of 4 hours a day 3 to 5 days a week, no documentation that the patient would not benefit from additional physical therapy. In fact, the treating physician indicates that he would like to have the patient undergo additional therapy and is under the belief that the patient would benefit from additional therapy. There is also no documentation that there is a specific job to return. Working hardening program is not medically necessary and appropriate.